# STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

APR 2 2 2019

1. Name of Lobbyist(s) Robert J. Sculley	NEW HAMPSHIRE
11. Name of lobbyist's partnership, firm or corporation, if any:	DEPARTMENT OF STATE
Energy Marketers association of New Ha	mpshirė
Business Address: (Street) Steet, Concord NH 0330/ (Town/City) (State)	(Zip Code)
(608 415 - 8330 (603 415 - 8329 e-mail x) Sculley	@ energymankelors
reportable expense transactions which are not attributable to any one client).	ile a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to the fo	Howing elicare
Energy Marketers Association of New Hamps  OR  OR	Shire
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.	n listed below which are
IV. Date of Report April 24, 2019 V  Reports cover: activity from date of registration to 3/31/19  October 30, 2019   July 31, 2019   activity from 4/1/19 to 6/30/19  January 29, 2020   January	
activity from 10/1/19 to 12/31/19 activity from 10/1/19 to 12/31/19	
V. There have been no fees received and no reportable transactions made since the la If this box is checked, complete just this form and submit it to the Secretary of State's Office, State F. Concord, NH 03301.	st report.   House, Room 204,
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A. Fees and F.	<b>:</b> s
Expense Reimbursement	f Honorariums or
If you, your firm, or your family has made political contributions, you must file Addendum C-	Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoi and complete to the best of my knowledge and belief.	ng information is true
(Signature of lobbyist)  (Signature of lobbyist)  (Date)	_
ROBERT J. Saucey (Print Name of lobbyist)	

# STATE OF NEW HAMPSHIRE



### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Robert J Sculley	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Energy Marketers association of New (Name of partnership, firm or corporation)	) Hampshiee
III. Name of Client Frengy Marketers Ossociation of A	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, governmer including research, monitoring legislation, and related legal work. The greduced by any expenses:	e that are related, directly or indirectly nt relations, or public relations service ross fee amount reported shall not b
a) Total of all fees received in this reporting period	a) \$ 4, 143.60
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	h) C
c) Total of all fees received to date (Add lines a and b)	0)8 4, 143.60
<ul> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	chient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all et meals purchased during a business as than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a rthan \$25, but not greater than \$50,
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> </ul>	a)\$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 4
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	s
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm to strue and complete to the best of my knowledge and belief.  Signature of lobbyist)	
(Print Name of lobbyist)	



# STATE OF NEW HAMPSHIRE

# Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

P. I. Name of Lobbyist(s) Robert J Sculley
II. Name of lobbyist's partnership, firm or corporation, if any
Energy Marketers association of New Hampshire  (Name of Client Energy Marketers association of NHDate
III. Name of Client Energy Marketers association of NHDate
State the full name of the person receiving the honorarium or expense reimbursement:
Last Name First Name
What is the value of the honorarium or expense reimbursement?
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).
(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)  Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Date)
(Print Name of lobbyist)